# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 07, 2010**
**Secretary of State**

DOCUMENT# L08000041473

**Entity Name:** TRI-MED CARE LLC

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIANA, JOSEPH
3661 SOUTH MIAMI AVE., SUITE 704
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: TRIANA, JOSEPH
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

Title: MGRM
Name: TRIANA, JOSEPH R
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

Title: MGRM
Name: TRIANA, ALBERT
Address: 3661 SOUTH MIAMI AVE., SUITE 704
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: JOSEPH TRIANA MGRM 06/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date